Wisconsin Medicaid
HIPAA Companion Document to HIPAA Implementation Guide: X12 834 Benefit Enrollment and Maintenance

Companion Document Audience

Companion documents are intended for information technology and/or systems staff who will be coding billing systems or software for compliance with the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Purpose of Companion Documents

The information contained in this companion document applies to Wisconsin Medicaid, BadgerCare, and SeniorCare, although the companion document only refers to Wisconsin Medicaid.

The companion documents are designed to be used with HIPAA Implementation Guides. Companion documents provide Wisconsin Medicaid-specific information that details the way to create HIPAA transactions for Wisconsin Medicaid and explains how Wisconsin Medicaid creates HIPAA transactions. Companion documents clarify the HIPAA-designated standards usage but are not intended to supercede them. The purpose of companion documents is to provide trading partners with a guide to communicate the Wisconsin Medicaid-specific information required to successfully exchange transactions electronically with Wisconsin Medicaid.

Companion documents highlight the data elements significant for Wisconsin Medicaid. For transactions created by Wisconsin Medicaid, companion documents explain how certain data elements are processed. Please refer to the companion document first if there is a question about how Wisconsin Medicaid processes a HIPAA transaction. For further information, contact the Division of Health Care Financing (DHCF) Electronic Data Interchange (EDI) Department at (608) 221-9036.

X12 834 Benefit Enrollment and Maintenance

Loop	Element	Name	Instructions
None	BGN02	Reference identification	This element will contain the following information: • Positions 1-7, Report ID, valid values are "INITIAL" or "FINAL." • Positions 8-8, Space. • Positions 9-14, Enrollment month in a CCYYMM format. • Positions 15-15, Space. • Position 16-19, Sequence number of the transaction set indicating the order that the transaction sets are created and the order in which the transaction sets are to be processed. Note: Positions 1-7 will contain a value of "INITIAL" when the transaction sets are created mid-month for the initial enrollment cycle. Two or more transaction sets will be created during the initial cycle. The first transaction set(s) will contain only recipients who have changes in their enrollment status such as new and terminated recipients or recipients with changes in other information. The value of BGN08 will be "2" to indicate that this transaction set contains only recipients with changes. The transaction set(s) with changes will be followed by one or more transaction sets where the value in BGN08 will be "4" to indicate that this is a full file audit/compare. The full file audit/compare transaction set(s) will contain all new recipients and all recipients in a continue or pending

Loop	Element	Name	Instructions
			status effective for the current enrollment month. Positions 1-7 will contain a value of "FINAL" when the transaction set(s) is created at the end of the month for the final enrollment cycle. The value in BGN08 will be "2" to indicate that this transaction set contains only recipients who have changes to their enrollment status or other information. For example, in the October 2003 initial enrollment report, the value of BGN02 would be "INITIAL 200310 0001."
None	BGN08	Action code	This element will contain the following values: • 2 – change (update) Used to indicate that this transaction set contains only recipients who have changes in their enrollment status or other information. • 4 – verify Used when the transaction set is created mid-month (initial enrollment cycle). The transaction set(s) will contain all new recipients and all recipients in a continue or pending status effective for the current enrollment month.
None	REF	Header – transaction set policy number	This segment will be created for every transaction set, and the following elements will be populated.
None	REF01	Reference identification qualifier	This element will contain a value of "38," which is the master policy number.
None	REF02	Reference identification	This element will contain the 8-character Wisconsin Medicaid payee provider

Loop	Element	Name	Instructions
			number.
None	DTP	File Effective Date	This segment will be created during the initial enrollment cycle when the value in BGN08 is "4" to indicate that this is a full file audit/compare.
None	DPT01	Date/Time Qualifier	This element will contain a value of "007" to indicate that the date that follows applies to all recipients in the file.
None	DTP03	Date time period status information effective date	This element will contain a file effective date indicating the first day of the current enrollment month.
1000A	N1	Sponsor name	This segment will be created for every transaction set, and the following elements will be populated.
1000A	N101	Entity identifier code	This element will contain a value of "P5," which is the plan sponsor.
1000A	N103	Identification code qualifier	This element will have a value of "FI," which is the federal taxpayer's identification number.
1000A	N104	Identification code sponsor identifier	This element will contain the Wisconsin Medicaid federal tax ID.
1000B	N1	Payer name	This segment will be created for every transaction set, and the following elements will be populated.
1000B	N101	Entity identifier code	This element will contain a value of "IN," which is the insurer.
1000B	N103	Identification code qualifier	This element will have a value of "FI," which is the federal tax ID.
1000B	N104	Identification	This element will contain the federal tax

Loop	Element	Name	Instructions
		code insurer identification code	ID associated with the 8-character Wisconsin Medicaid payee provider number identified in the transaction set policy number REF02.
2000	INS	Member level detail	This segment is required for each Wisconsin Medicaid recipient being reported.
2000	INS01	Insured indicator	This element will have a value of "Y," which indicates the insured is a subscriber.
2000	INS02	Individual relationship code	This element will have a value of "18," which indicates self.
2000	INS03	Maintenance type code	The value of this element used in conjunction with maintenance reason code (INS04) and employment status code (INS08) will indicate the recipient's enrollment status. See Attachment 1 for a cross-reference between the MMIS enrollment status and the INS03, INS04, and INS08.

The following values will be sent in the initial and final enrollment cycle transaction set(s) when the value of BGN08 is equal to "2":

- "001" – change
  During the initial enrollment cycle, this value indicates an enrollment status of "CONTINUE" or "PEND" when there is a change in recipient information to report.
  During the final enrollment cycle, this value will identify recipients previously reported as "PEND" who have changed their enrollment status to "CONTINUE," as well as recipients with a change in recipient information |

Loop	Element	Name	Instructions
			with no change in enrollment status.
			• "021" – addition Indicates an enrollment status of "ADD/NEW."
			• "024" – cancellation or termination Indicates an enrollment status of "DISENROLL" or "DISENROLL/RCP."
			• "025" – reinstatement Indicates an enrollment status of "ADD/RS."
			The following value will be sent in the initial enrollment cycle full file audit transaction set(s) when the value of BGN08 is equal to "4":
			• "030" – audit or compare This value will only be used with the initial enrollment cycle full file audit transaction set(s). All recipients in a "PEND," "CONTINUE," or "ADD enrollment status effective for the current enrollment month will be reported.
2000	INS04	Maintenance reason code	This element further describes the recipient's enrollment status. The following values will be sent in the initial and final enrollment cycle change transaction set(s) when the value of BGN08 is equal to "2":
			• "07" – termination of benefits When used with a maintenance type code (INS03) with a value of "024," this indicates that the recipient is being terminated from the managed care organization (MCO).
			• "27" – pre-enrollment

Loop	Element	Name	Instructions
			When used with a maintenance type code (INS03) with a value of "021," this indicates that the recipient is a newborn.
			• "28" – initial enrollment When used with a maintenance type code (INS03) with a value of "021," this indicates that the recipient is a new enrollee but not a newborn.
			• "41" – re-enrollment When used with a maintenance type code (INS03) with a value of "025," this indicates that the recipient is being re-instated in the MCO.
			The following maintenance reason codes will be used with a maintenance type code (INS03) with a value of "001."
			• "43" – change of location Indicates the recipient's address information has changed.
			• "33" – personal data Indicates a change in recipient information such as medical status code.
			• "25" – change in identifying data elements Indicates the recipient's name, date of birth, or gender code has changed.
			• "AI" – no reason given When used during the initial enrollment cycle, "AI" indicates that recipient information that does not fit into the other reason codes has changed. When used during the final enrollment cycle, "AI" indicates that the

Loop	Element	Name	Instructions
			recipient's enrollment status has changed from "PEND" to "CONTINUE," or recipient information that does not fit into the other reason codes has changed. Note: The value of the maintenance reason code will be established in the order listed above; however, the transaction may include more than one type of change. For example, the recipient could have a maintenance reason code of "43" to indicate a change in the address information but could also include a change to the date of birth. The following value will be sent in the initial enrollment cycle full file audit transaction set(s) when the value of BGN08 is equal to "4": • "XN" – notification only Used with a maintenance type code (INS03) with a value of "030" to indicate that the recipient's enrollment status for the current enrollment month is "ADD," "CONTINUE," or "PEND."
2000	INS05	Benefit status code	This element will have a value of "A," which indicates active.
2000	INS08	Employment status code	This element further describes the recipient's enrollment status. The following values will be sent: • "FT" – full-time Indicates that the recipient is in a "CONTINUE" or "ADD" enrollment status. The maintenance type code

Loop	Element	Name	Instructions
			(INS03) and maintenance reason code (INS04) should be interrogated to determine if the recipient is in a "CONTINUE" or "ADD" enrollment status.
			• "TE" – terminated When used with the maintenance type code (INS03) with a value of "001" or "030," the recipient is in a "PEND" enrollment status. When used with the maintenance type code (INS03) with a value of "024," the recipient is in a "DISENROLL" or "DISENROLL/RCP" enrollment status.
2000	INS12	Date time period	The recipient's date of death will be reported in this element when available. This information was not available in the proprietary Wisconsin Medicaid managed care enrollment file.
2000	REF	Subscriber number	The subscriber number segment is required and will identify the Wisconsin Medicaid recipient.
2000	REF01	Reference identification qualifier	This element will contain a value of "0F," which indicates the subscriber number.
2000	REF02	Reference identification	This element will contain the 10-character Wisconsin Medicaid recipient ID.
2000	REF	Member identification number	The following member identification number segment will be created for each Wisconsin Medicaid recipient being reported.
2000	REF01	Reference identification qualifier	This element will contain a value of "17," which is the client reporting category.
2000	REF02	Reference	This element will contain the 2-character

Loop	Element	Name	Instructions
		identification subscriber supplemental identifier	Wisconsin Medicaid medical status code.
2000	REF	Member identification number	The following member identification number segment will be created for each Wisconsin Medicaid recipient being reported.
2000	REF01	Reference identification qualifier	This element will contain a value of "3H," which is the case number.
2000	REF02	Reference identification subscriber supplemental identifier	This element will contain the 10-character Wisconsin Medicaid case number.
2000	REF	Member identification number	The following member identification number segment be will only be created when the Medicaid recipient ID has changed since the last reported transaction set.
2000	REF01	Reference identification qualifier	This element will contain a value of "Q4," which indicates the prior identification number.
2000	REF02	Reference identification subscriber supplemental identifier	This element will contain the 10-character previously reported Medicaid recipient ID.
2000	DTP	Member level dates	When the value of BGN08 is "2," the member level dates segment will be created for each INS segment in this transaction set. This segment will not be present when the value of BGN08 is "4."
2000	DTP01	Date/time	This element will contain the following

Loop	Element	Name	Instructions
		qualifier	values: • "303" – maintenance effective The date that follows applies to recipients currently reported as a "CONTINUE," "PEND," or demographic change only enrollment status. Note: Multiple "CONTINUE" effective dates will not be sent to reflect each possible month of eligibility after retroactively adding eligibility. • "356" – eligibility begin The date that follows applies to recipients currently reported as an "ADD" enrollment status. • "357" – eligibility end The date that follows applies to recipients currently reported as a "DISENROLL" or a "DISENROLL/RCP" enrollment status. The date reported in DTP03 will reflect the true eligibility end effective date. Note: Multiple disenrollment effective dates will not be sent to reflect each possible month of retroactive disenrollment.
2000	DTP03	Date time period status information effective date	This element will contain the status information effective date associated with the previous DTP01 value.
2100A	NM1	Member name	The member name segment will be created for each INS segment created, and the following elements will be populated.
2100A	NM101	Entity identifier code	This element will contain the following values:

Loop	Element	Name	Instructions
			• "74" – corrected insured Indicates that the values in NM103, NM104, or NM105 have changed since last reported. • "IL" – insured or subscriber Indicates that the values in NM103, NM104, or NM105 have not changed since last reported.
2100A	NM102	Entity type qualifier	This element will contain a value of "1," which indicates a person.
2100A	NM103	Name last or organization name	This element will contain the last name of the Wisconsin Medicaid recipient.
2100A	NM104	Name first	This element will contain the first name of the Wisconsin Medicaid recipient.
2100A	NM105	Name middle	This element will contain the middle initial (if present) of the Wisconsin Medicaid recipient.
2100A	PER	Member communication numbers	The member communication numbers segment will be created when the recipient's telephone number is available.
2100A	PER01	Contact function code	This element will contain a value of "IP," which indicates the insured party
2100A	PER03	Communication number qualifier	This element will contain a value of "TE," which indicates telephone number.
2100A	PER04	Communication number	This element will contain the Wisconsin Medicaid recipient's telephone number.
2100A	N3	Member resident street address	The member resident street address segment will be created for each INS segment created.
2100A	N4	Member residence city,	The member resident city, state, & ZIP code segment will be created for each

Loop	Element	Name	Instructions
		state, & ZIP code	INS segment created.
2100A	N405	Location qualifier	This element will contain a value of "CY," which indicates county/parish.
2100A	N406	Location identifier	This element will contain the Wisconsin Medicaid recipient's residence three-character county code.
2100A	DMG	Member demographic information	The member demographic information segment will be created for each INS segment created. Only elements DMG01, DMG02, and DMG03 will be populated.
2100	HLH	Member health information	This segment will be created for each INS segment with the value of "021" or "025" in the maintenance type code (INS03) to indicate an enrollment status of "ADD."
2100	HLH01	Health related code	This element will contain a value of "U," which indicates unknown.
2100B	NM1	Incorrect member name	The incorrect member name segment will only be created when there is a change to the recipient's previously supplied name, date of birth, or gender code. When present, the following elements will be populated. Note: If only the date of birth or gender code is changing, then the information in NM103, NM104, and NM105 will be identical in this loop and loop 2100A.
2100B	NM101	Entity identifier code	This element will contain a value of "70," which indicates prior incorrect insured.
2100B	NM102	Entity type qualifier	This element will contain a value of "1," which indicates a person.
2100B	NM103	Name last or organization name	If NM101 in loop 2100A contains a value of "74," this element will contain the prior last name of the Wisconsin Medicaid

Loop	Element	Name	Instructions
			recipient. If NM101 in Loop 2100A contains a value of "IL," this element will contain the current last name of the Wisconsin Medicaid recipient.
2100B	NM104	Name first	If NM101 in Loop 2100A contains a value of "74," this element will contain the prior first name of the Wisconsin Medicaid recipient. If NM101 in Loop 2100A contains a value of "IL," this element will contain the current first name of the Wisconsin Medicaid recipient.
2100B	NM105	Name middle	If NM101 in Loop 2100A contains a value of "74," this element will contain the prior middle initial (if present) of the Wisconsin Medicaid recipient. If NM101 in Loop 2100A contains a value of "IL," this element will contain the current middle initial (if present) of the Wisconsin Medicaid recipient.
2100B	DMG	Incorrect member demographics	This segment will only be created when there is a change to the recipient's previously supplied date of birth or gender code.
2100B	DMG02	Prior incorrect insured birth date	If there is a change to the recipient's previously supplied date of birth, this element will contain the previously supplied date of birth; otherwise, this element will contain the current date of birth.
2100B	DMG03	Prior incorrect insured gender code	If there is a change to the recipient's previously supplied gender, this element will contain the previously supplied gender; otherwise, this element will

Loop	Element	Name	Instructions
			contain the current gender.
2100G	NM1	Responsible person	The responsible person segment will be created for each INS segment where the responsible person information is available (ie case head). When present, the following elements will be populated.
2100G	NM101	Entity identifier code	This element will contain a value of "QD," which indicates responsible party.
2100G	NM102	Entity type qualifier	This element will contain a value of "1," which indicates person.
2100G	NM103	Name last or organization name	This element will contain the last name of the responsible person.
2100G	NM104	Name first	This element will contain the first name of the responsible person.
2100G	NM105	Name middle	This element will contain the middle initial (if present) of the responsible person.
2300	HD	Health coverage	One 2300 health coverage loop will be created for each INS segment where the maintenance type code (INS03) does not equal "024" – termination of benefits (currently reported as a "DISENROLL" or a "DISENROLL/RCP" enrollment status). Note: Some special managed care programs, such as Family Care and Pace Partnership, may receive a second 2300 health coverage loop to reflect changes in level of care or mid-month changes to dates of enrollment or disenrollment.
2300	HD01	Maintenance type code	The following values will be sent in the initial and final enrollment cycle change transaction set(s) when the value of BGN08 is equal to "2:"

Loop	Element	Name	Instructions
			• "021" – addition Indicates that the information that follows applies to a recipient who is in an enrollment status that is currently reported as an "ADD/NEW" enrollment status. • "024" – cancellation or termination Only applies to special managed care programs, such as Family Care and Pace Partnership, to reflect changes in level of care, or mid-month changes to dates of enrollment or disenrollment. • "025" – reinstatement Indicates that the information that follows applies to a recipient who is in an enrollment status that is currently reported as an "ADD/RS" enrollment status. The following value will be sent in the initial enrollment cycle full file audit transaction set(s) when the value of BGN08 is equal to "4:" • "030" – audit/compare Used with a maintenance type code (INS03) with a value of "030" to indicate that the recipient's enrollment status for the current enrollment month is an "ADD," "CONTINUE," or "PEND."
2300	HD03	Insurance line code	This element will contain a value of "HMO," which indicates Health Maintenance Organization or managed care program.
2300	HD04	Plan coverage description	This element will contain the Wisconsin Medicaid 2-character managed care program code.

Loop	Element	Name	Instructions
2300	HD05	Coverage level code	This element will contain a value of "IND," which indicates individual.
2300	DTP	Health coverage dates	One health coverage dates segment will be created for each 2300 HD segment created.
2300	DTP01	Date/time qualifier	This element will contain the following values: • "303" – maintenance effective The date that follows applies to recipients currently reported as a "CONTINUE," "PEND," or demographic change only enrollment status. • "348" – benefit begin The date that follows applies to recipients currently reported as an "ADD" enrollment status. • "349" – benefit end Only applies to special managed care programs, such as Family Care and Pace Partnership, to reflect changes in level of care or mid-month changes to dates of enrollment or disenrollment. The date that follows reflects the effective end date of the previously reported assigned provider. Note: Multiple disenrollment effective dates will not be sent to reflect each possible month of retroactive disenrollment as currently reported.
2300	DTP03	Date time period coverage period	This element will contain the coverage period effective date associated with the previous DTP01 value.
2310	LX	Provider information	One provider information segment will be created for each loop 2300 HD created.

Loop	Element	Name	Instructions
2310	NM1	Provider name	One provider name segment will be created for each loop 2300 HD created.
2310	NM101	Entity identifier code	This element will contain a value of "Y2," which indicates managed care organization.
2310	NM102	Entity type qualifier	This element will contain a value of "2," which indicates non-person entity.
2310	NM103	Name last or organization name	This element will contain the name of the managed care program.
2310	NM108	Identification code qualifier	This element will contain a value of "SV," which indicates service provider.
2310	NM109	Identification code provider identifier	This element will contain the 8-character Wisconsin Medicaid provider number of the recipient's assigned provider.
2310	NM110	Entity relationship code	This element will contain the following values: • "25" – established patient. • "26" – not established patient.

Current MMIS Enrollment File Values					834 Member Level Detail Values			
Enrollment status description 1	Enrollment status description 2	Demographic changes included	Cycle	Newborn?	BGN08	INS03	INS04	INS08
Initial and final cycle change transaction set will represent recipients in the following enrollment statuses for the current or previous enrollment month(s).								
CONTINUE <spaces>	<spaces> <spaces>	Yes Yes	Both Final		2	001	25 33 43 AI	FT
PEND	<spaces>	Yes	Initial		2	001	25 33 43 AI	TE
DISENROLL	<spaces>	Yes	Both		2	024	07	TE
DISENROLL	RCP	Yes	Both		2	024	07	TE
ADD	NEW	N/A	Both	Yes	2	021	27	FT
ADD	NEW	N/A	Both	No	2	021	28	FT
ADD	RS	N/A	Both		2	025	41	FT
Initial cycle verify transaction set will represent recipients in the following enrollment statuses for the current enrollment month.								
CONTINUE	<spaces>	No	Initial		4	030	XN	FT
PEND	<spaces>	No	Initial		4	030	XN	TE
ADD	NEW	No	Initial		4	030	XN	FT
ADD	RS	No	Initial		4	030	XN	FT